

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☒ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

TAJ KHAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL MEMBER

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1112 RIVERGATE DR.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA 95240 209 368 5586

COMMITTEE NAME

COMMITTEE TO ELECT TAJ KHAN TO LODI CITY COUNCIL

I.D. NUMBER

981946

COMMITTEE ADDRESS (NO. AND STREET)

1112 RIVERGATE DR.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA 95240 209 368-5586

NAME OF TREASURER

TARIQ DIN

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

P.O. Box 1712

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE
LODI CA 95241 209 914-1484

Type or print in ink.

Statement covers period from <u>Jan 1, 1998</u> through <u>Sep 30, 1998</u>	Date Stamp <u>RECEIVED</u> <u>PM 3:50</u>	COVER PAGE - LONG FORM CALIFORNIA 490 1994 FORM Page <u>1</u> of <u>24</u> For Official Use Only
Date of election if applicable: (Month, Day, Year) <u>11-3-98</u>		

Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions

COMMITTEE NAME	I.D. NUMBER		
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS (NO. AND STREET)			
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-5-98 At LODI CA
DATE CITY AND STATE

By Tariq Din
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-5-98 At LODI CA
DATE CITY AND STATE

By Taj M. Khan 10/5/98
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Allocation Page — Part I Contributions and Independent Expenditures Made From Campaign Funds

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOC. JN - PART I

Statement covers period		CALIFORNIA FORM 490
from _____	through _____	
		Page <u>2</u> of <u>24</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP ¹	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	NOT APPLICABLE						

* See reverse regarding independent expenditures.

SUBTOTAL

Attach additional information on appropriately labeled continuation sheets.

ALLOCATION — PART I SUMMARY

- Contributions and independent expenditures of \$100 or more made this period from campaign funds.
(Include all Allocation Page — Part I subtotals.) \$ _____
- Contributions and independent expenditures under \$100 made this period from campaign funds.
(Do not itemize.) \$ _____
- Total contributions and independent expenditures made this period from campaign funds.
(Do not carry this total to the Summary Page.) TOTAL \$ _____

Allocation Page — Part II
Contributions and Independent Expenditures
Made From Personal Funds

Type or print in ink.
Amounts may be rounded
to whole dollars.

ALLOC JN - PART II

Statement covers period
from _____
through _____
Page 2 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

DATE	NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE	CHECK ONE		IND. EXP*	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		Support	Oppose				
	NOT APPLICABLE						

*See reverse regarding independent expenditures.

SUBTOTAL \$

ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.
(Include all Allocation Page — Part II subtotals.) \$ _____
- Contributions and independent expenditures under \$100 made this period from personal funds.
(Do not itemize.) \$ _____
- Total contributions and independent expenditures made this period from personal funds.
(Do not carry this total to the Summary Page.) TOTAL \$ _____

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jan 1, 1998</u> through <u>Sept 30, 1998</u>		CALIFORNIA 490 1998 FORM
Page <u>1</u> of <u>24</u>		
I.D. NUMBER <u>981946</u>		

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Tay Khan to Los Angeles City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (ADD COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3	\$ 5107.72	\$ 5107.72
2. Loans Received	Schedule B, Line 7	—	—
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 5107.72	\$ 5107.72
4. Non-monetary Contributions	Schedule C, Line 3	500.00	500.00
5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises)	Add Lines 3 + 4	\$ 5607.72	\$ 5607.72
6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below)	Schedule D, Line 7	—	—
7. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 5 + 6	\$ 5607.72	\$ 5607.72
Expenditures Made			
8. Cash Payments (Other than Loans Made)	Schedule E, Line 5	1476.39	1476.39
9. Loans Made	Schedule H, Line 7	—	—
10. SUBTOTAL CASH PAYMENTS	Add Lines 8 + 9	1476.39	1476.39
11. Accrued Expenses (Unpaid Bills)	Schedule F, Line 5	—	—
12. TOTAL EXPENDITURES MADE	Add Lines 10 + 11	1476.39	1476.39

Current Cash Statement

13. Beginning Cash Balance	Previous Summary Page, Line 17	0
14. Cash Receipts	Column A, Line 3 above	5107.72
15. Miscellaneous Increases to Cash	Schedule I, Line 4	—
16. Cash Payments	Column A, Line 10 above	1476.39
17. ENDING CASH BALANCE	Add Lines 13 + 14 + 15, then subtract Line 16	3631.33
If this is a termination statement, Line 17 must be zero.		

1/1 through 6/30 7/1 to Date

18. LOAN GUARANTEES RECEIVED	Schedule B, Part I, Column (b)	\$ —
Cash Equivalents and Outstanding Debts		
19. Cash Equivalents	See Instructions on reverse	\$ —
20. Outstanding Debts	Add Line 2 + Line 11 in Column C above	\$ —

21. Contributions
Received

22. Expenditures
Made

Summary for Candidates in Both June and November Elections

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

Schedule A
 Monetary Contributions Received

Type or print, in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A

Statement covers period from <u>JAN 1, 1998</u> through <u>SEP 30, 1998</u>	UNIFORM NO. FORM 490 Page <u>5</u> of <u>21</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee to Elect TAJ KHAN for LODI CITY COUNCIL</u>	I.D. NUMBER <u>981946</u>
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DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (If SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (If APPLICABLE)
8/4/98	TAJ KHAN 1112 RIVERGATE DR. LODI CA. 95240	SELF EMPLOYED	500. ⁰⁰	500. ⁰⁰	500.⁰⁰
8/14/98	TARIQ DIN P.O. BOX 1712 LODI CA. 95240	SELF EMPLOYED	200. ⁰⁰	200. ⁰⁰	200.⁰⁰
8/7/98	HANJIT & SUNITA KAPOOR 1705 LADINO RD. SACRAMENTO CA 95864	ENGINEER SMVD	100. ⁰⁰	100. ⁰⁰	100.⁰⁰
8/11/98	ANIS & ABDEL GHANI 1395 BLAIR AVE. TRACY CA 95376	Retired	100. ⁰⁰	100. ⁰⁰	
8/19/98	LOCOM FOOD STORE 2650 Monte Diablo Ave. Stockton CA 95203	Self Employed	100. ⁰⁰	100. ⁰⁰	
SUBTOTAL \$					

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
 (Include all Schedule A subtotals.) \$ _____
- Amount received this period — contributions of less than \$100.
 (Do not itemize.) \$ _____
- Total monetary contributions received this period.
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____



Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1, 1998</u> through <u>SEP 30, 1998</u>	STATEMENT NUMBER 490
Page <u>60</u> of <u>20</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan for Lodi City Council

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/23/98	Mohammad A. Khan P.O. Box 1225, WOODBRIDGE CA 95258	WELDER	100. ⁰⁰	100. ⁰⁰	
8/25/98	Subih Ibrahim 2231 Grenoble Dr. Lodi CA 95242	SELF EMPLOYED	300. ⁰⁰	300. ⁰⁰	
8/25/98	Khawaja M. Ashraf 1136 Parkridge Dr. Richmond CA 94803	SELF EMPLOYED	100. ⁰⁰	100. ⁰⁰	
8/25/98	Tallat Sattar 1923 Sheby Ct. Eldorado Hills CA 95762	ENGINEER STATE OF CALIF	100. ⁰⁰	100. ⁰⁰	
8/26/98	Shahid Chandhry 7582 Citrus Ave. Sacramento CA 95823	Engineer State Calif.	100. ⁰⁰	100. ⁰⁰	

SUBTOTAL \$

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____



Schedule

Monetary Contributions Received

Type or print ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period

from Jan 1, 1998

through Sep 30, 1998

PANORAMA 490

Page 1 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan for City Council

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF N.O.I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-4-98	Ibrahim Khan 6231 14th St Sacramento CA 95831	CHEF	100. ⁰⁰	100. ⁰⁰	
9-6-98	Mohammad Saeed 305 West Iris Ave., Stockton CA 95210	RETIRED	100. ⁰⁰	100. ⁰⁰	
8-29-98	Javed Saleem Khan 435 Kentmore Ct. Mountainview CA 94040	ENGINEER SELF EMPLOYED	150. ⁰⁰	150. ⁰⁰	
9-2-98	Rahim Khan 1127 Ishi Goto St., Stockton CA 95206	WELDER	150. ⁰⁰	150. ⁰⁰	
9-7-98	Khalid Masood 3006 Country Blvd. Stockton CA 95204	SELF EMPLOYED	200. ⁰⁰	200. ⁰⁰	
SUBTOTAL \$					

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____



Schedule Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1, 1998</u> through <u>Sep 30, 1998</u>	PARTIAL BOATFORM 490 Page <u>8</u> of <u>21</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan to Lodi City Council

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-7-98	Abdul H. Khan 5116 TEGAN RD., Elk Grove CA 95758	Self Employed	100. ⁰⁰	100. ⁰⁰	
9-7-98	Saleh El Tarib 311 East Main St Stockton CA	Retired	100. ⁰⁰	100. ⁰⁰	
9-7-98	Shakeel Ahmed 5792 CARIBBEAN WAY Stockton CA 95210		100. ⁰⁰	100. ⁰⁰	
9-7-98	Zulfiqar Khan Stockton CA 95205		100. ⁰⁰	100. ⁰⁰	
9-8-98	Mohammad S. Zia 2626 N. California St #E Stockton CA 95204	Self Employed Physician	100. ⁰⁰	100. ⁰⁰	

SUBTOTAL \$

Monetary Contributions Summary

1. Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
2. Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ _____
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1, 1998</u> through <u>Sep 30, 1998</u>	CALIFORNIA 490 1997 FORM Page <u>9</u> of <u>24</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan to Lodi City Council

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-9-98	Rashid Cajee 4776 Longcove Dr. Stockton CA 95217	Physician	100. ⁰⁰	100. ⁰⁰	
9-10-98	Sheikh Valley Shoe Service 413 E. Webber Ave., Stockton CA 95202	Self Employed	100. ⁰⁰	100. ⁰⁰	
9-16-98	Moosa Lunat 1191 East Yosemite Ave., Manteca CA 95336	Physician	100. ⁰⁰	100. ⁰⁰	
9-14-98	A. S. Chotia 5734 Turtle Valley Dr. Stockton CA 95203	Physician	100. ⁰⁰	100. ⁰⁰	
9-22-98	A. S. Khan 8909 Waterloo Rd. Stockton CA 95205	Farmer	100. ⁰⁰	100. ⁰⁰	

SUBTOTAL \$

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ _____

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>Jan 1, 1998</u> through <u>Sep 30, 1998</u>	PARTIAL DUPLICATE 490
Page <u>10</u> of <u>24</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan to Lodi City Council

I.D. NUMBER

981946

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9-23-98	Mohammad Khan 729 L St. Sacramento CA 95814	Self employed	299. ⁰⁰	299. ⁰⁰	
SUBTOTAL \$					

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3699.⁰⁰
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 1408.72
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 5107.72

Schedule - Part I Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCH 'LE B - Part I

Statement covers period

from _____

through _____

CALIFORNIA
11220001 490

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

DATE RECEIVED	LENDER OR GUARANTOR'S FULL NAME AND ADDRESS (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS)	LENDER / GUARANTOR'S OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER BUSINESS NAME)	LENDER INFORMATION			GUARANTOR INFORMATION	
			DUE DATE/ INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	NOT APPLICABLE		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *						
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *						
			DUE DATE		CALENDAR YEAR		CALENDAR YEAR
			INTEREST RATE		OTHER		OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor *						
			SUBTOTAL \$ (a)			\$ (b) Enter (b) on Summary Page, Line 18 only.	

*See important instructions on reverse.

Loans Received - Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received - Part I (a) subtotals.) \$ _____
- Loans under \$100 received this period. (Do not itemize.) \$ _____
- Total loans received this period. (Add Lines 1 and 2.) TOTAL \$ _____

Loans Received - Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) \$ _____
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. \$ _____
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) TOTAL \$ ()
- Net change this period. (Subtract Line 6 from Line 3.) NET \$ _____
Enter the net here and on the Summary Page, Column A, Line 2. May be a negative number.

Schedule - Part II
Repayments Made on Loans Received, Loans
Forgiven, and Loans Repaid by a Third Party

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCH LE B - Part II

Statement covers period

from _____

through _____

CALIFORNIA
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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF LENDER	INTEREST RATE (IF CHANGED)	AMOUNT REPaid OR FORGIVEN ON PRINCIPAL * (EXCLUDE PAYMENT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST PAID
		NOT APPLICABLE				
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL	\$ (c)	TOTAL INTEREST PAID THIS PERIOD \$ (d)

***IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

Schedule B — Part III
Annual Report of Outstanding Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHE B - Part III

Statement covers period

from _____

through _____

CALIFORNIA
STATE FORM 490

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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				
Attach additional information on appropriately labeled continuation sheets.			TOTAL \$	

Schedule
Non-Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>Jan 1, 1998</u> through <u>Sep 30, 1998</u>		CALIFORNIA STATE FORM 490
		Page <u>14</u> of <u>14</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE <u>Committee to Elect Taj Khan for Local City Council</u>		I.D. NUMBER <u>981946</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee to Elect Taj Khan for Local City Council

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/15/98	BLUE MAGIC PRODUCTS INC. P.O. BOX 4175 Stockton CA 95204		Printing	500. ⁰⁰	500. ⁰⁰	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Non-Monetary Contributions Summary

- Amount received this period — non-monetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 500.⁰⁰
- Amount received this period — non-monetary contributions of less than \$100.
(Do not itemize.) \$ —
- Total non-monetary contributions received this period..
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.) TOTAL \$ 500.⁰⁰

Schedule
Enforceable Promises Received (Other than Loan
Guarantees, Loan Endorsements, and Loan Security)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D

NOTE: Loan guarantees, loan endorsements and loan security are "enforceable promises" that must be reported on Schedule B - NOT Schedule D. SEE INSTRUCTIONS ON REVERSE

Statement covers period		CALIFORNIA REPORT 490
from _____	through _____	
Page <u>15</u> of <u>28</u>		I.D. NUMBER

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT PROMISED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO ENTER ON SCHEDULE A)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
	NOT APPLICABLE					

Attach additional information on appropriately labeled continuation sheets.	SUBTOTALS \$	(a)	(b)	
---	--------------	-----	-----	--

Enforceable Promises Received Summary

- Promises received of \$100 or more this period (Column (a)). \$ _____
- Promises received under \$100 this period.
 (Do not itemize.) \$ _____
- Total promises received this period.
 (Add Lines 1 and 2.) TOTAL \$ _____
- Payments received on promises of \$100 or more this period.
 (Column (b)). \$ _____
- Payments received on promises under \$100 this period.
 (Do not itemize. Also include on Schedule A Summary, Line 2.) \$ _____
- Total payments received.
 (Add Lines 4 and 5.) TOTAL \$ ()
- Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) NET \$ _____
 May be a negative number.

Schedule E
Payments and Contributions
(Other Than Loans) Made

Type or print in ink.
 Units may be rounded
 to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NOT APPLICABLE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Statement covers period from _____ through _____	California Proposition 490 Page 11 of 21 I.D. NUMBER
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CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| *C - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B - BROADCAST ADVERTISING | *G - GENERAL OPERATIONS AND OVERHEAD |
| *I - INDEPENDENT EXPENDITURES | *N - NEWSPAPER AND PERIODICAL ADVERTISING | *T - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L - LITERATURE | *O - OUTSIDE ADVERTISING | *P - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

Payments and Contributions Made Summary

- | | |
|---|----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ _____ |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ _____ |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ _____ |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ _____ |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ _____ |

Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from <u>Jan 1, 1998</u> through <u>Sept 30, 1998</u>	CALIFORNIA ELECTORAL 490
Page <u>17</u> of <u>21</u>	
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT JAS KHAN FOR LODI CITY COUNCIL

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| *C* - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | *B* - BROADCAST ADVERTISING | *G* - GENERAL OPERATIONS AND OVERHEAD |
| *I* - INDEPENDENT EXPENDITURES | *N* - NEWSPAPER AND PERIODICAL ADVERTISING | *T* - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| *L* - LITERATURE | *O* - OUTSIDE ADVERTISING | *P* - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | *S* - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | *F* - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
RADIO SHACK 2414 W. Kettleman Lane Lodi CA 95242	I	Fax/Recording Switch	140.05
Lodi Printing North St 2nd Floor Lodi CA 95240	O	Lawn Signs	429.92
CALIFORNIA VOTER GUIDE 1658 W. Carson St Suite 404 Torrance, CA 90501	I	Voters Guide	550.00

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 1119.97

Payments and Contributions Made Summary

- | | |
|---|------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 1119.97 |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ 359.42 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ 0 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ - |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 1476.39 |

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA STATE FORM 490
	Page <u>12</u> of <u>24</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE	
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING | "G" - GENERAL OPERATIONS AND OVERHEAD |
| "I" - INDEPENDENT EXPENDITURES | "N" - NEWSPAPER AND PERIODICAL ADVERTISING | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE | "O" - OUTSIDE ADVERTISING | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" - FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (If committee, in addition to committee's name and address, enter I.D. number or, if no I.D. number has been assigned, enter treasurer's name and address)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD.		
	CODE	OR DESCRIPTION OF OUTSTANDING PAYMENT	AMOUNT ACCRUED
NOT APPLICABLE			

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Accrued Expenses Summary

- Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.) \$
- Accrued expenses this period of under \$100. (Do not itemize.) \$
- Total accrued expenses incurred this period. (Add Lines 1 and 2.) INCURRED TOTAL \$
- Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.) PAID TOTAL \$ ()
- Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) NET \$

May be a negative number.

Schedule G

Payments made by an Agent or Independent Contractor (on Behalf of an Officeholder or Candidate)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period

from _____

through _____

CALIFORNIA
1994 FORM 490

Page 19 of 24

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

L - LITERATURE

B - BROADCAST ADVERTISING

N - NEWSPAPER AND PERIODICAL ADVERTISING

O - OUTSIDE ADVERTISING

S - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

F - FUNDRAISING EVENTS

T - TRAVEL, ACCOMMODATIONS AND MEALS

(MUST BE DESCRIBED)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NOT APPLICABLE			

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

Schedule H - Part I
Loans Made to Others

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part I

Statement covers period		CALIFORNIA BOAT FORM 490
from _____	through _____	
		Page <u>20</u> of <u>20</u>
NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

DATE OF LOAN	FULL NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	INTEREST RATE	DUE DATE	AMOUNT
	NOT APPLICABLE			

SUBTOTAL \$

Loans Made to Others - Part I Summary

- Loans of \$100 or more made this period.
(Include all Loans Made - Part I subtotals.) \$ _____
- Loans under \$100 made this period.
(Do not itemize.) \$ _____
- Total loans made this period.
(Add Lines 1 and 2.) TOTAL \$ _____

Loans Repayments Received - Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more
which have been forgiven by this officeholder, candidate, or committee - Part II (a) subtotals.
If forgiven, also itemize on Schedule E.) \$ _____
- Payments received on loans under \$100.
(Including a forgiveness. Do not itemize.) \$ _____
- Total loan payments received this period.
(Add Lines 4 and 5.) TOTAL \$ (_____)
- Net change this period. (Subtract Line 6 from Line 3.)
Enter the net here and on the Summary Page, Column A, Line 9. NET \$ _____

May be a negative number.

Schedule H - Part II
 Loan Repayments Received on Loans Made
 to Others (Including Payments Received
 from Third Parties) and Loans Forgiven

Write or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHE H - Part II

Statement covers period from _____ through _____	CALIFORNIA 490 1992 FORM
Page <u>21</u> of <u>24</u>	
I.D. NUMBER _____	

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPAYED OR FORGIVEN ON PRINCIPAL * (EXCLUDE RECEIPT OF INTEREST)	OUTSTANDING PRINCIPAL	INTEREST RECEIVED
		NOT APPLICABLE				

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

TOTAL INTEREST
RECEIVED THIS PERIOD \$ (b)

***IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

Schedule H - Part III
Annual Report of Outstanding Loans Made

Write or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H - Part III

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Statement covers period		STATE OF ILLINOIS JUDICIAL FORM 490
from _____	through _____	
		Page <u>22</u> of <u>24</u>
		I.D. NUMBER _____

FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
NOT APPLICABLE				
Attach additional information on appropriately labeled continuation sheets.			TOTAL	\$

NOTE: This total should be
the same amount as entered
on the Summary Page,
Column C, Line 9.

Schedule
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period from _____ through _____	<div style="border: 1px solid black; padding: 2px;"> 490 </div>
	Page <u>20</u> of <u>30</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (If COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	NOT APPLICABLE		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Miscellaneous Increases to Cash Summary

- Increases to cash of \$100 or more this period. \$ _____
- Increases to cash under \$100 this period. (Do not itemize.) \$ _____
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) \$ _____
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Page, Line 15.) TOTAL \$ _____

Instruction or
Schedule I
Miscellaneous Increases to Cash



24 / 24

Schedule I is used to report any transaction that increases the cash position of the officeholder, candidate, or committee, but is not a monetary contribution, loan, or loan repayment.

Each miscellaneous adjustment to cash totaling \$100 or more must be itemized on Schedule I as follows:

Information must be reported as follows:

Date Received:

Enter the date of the receipt.

Full Name and Address of Source:

Enter the full name and address of the source.

Description of the Receipt:

Enter a description of the receipt.

Amount of Increase to Cash:

Enter the amount of the receipt.

Examples of reportable miscellaneous increases to cash include:

- Interest received or credited to checking or savings accounts or other time deposits.
- Proceeds from the sale of property, such as paintings, furniture or other items sold at garage sales or auctions, etc., when the amount received is the "fair market value" of the item. (Donated items should be reported as non-monetary contributions on Schedule C.)
- Proceeds from the sale of campaign property, such as office furnishings or equipment.
- Refunds received on deposits, such as telephone deposits.

- Refunds received from over-payment of bills.
- Interest payments received on loans made to others. (Do not itemize. Enter lump sum on Line 3 of the summary section.)

Note: All decreases to cash are reported as expenditures on Schedule E.

Miscellaneous Increases to Cash Summary

Summarize all miscellaneous increases to cash at the bottom of Schedule I.

Line 1: Add subtotals from Schedule I and continuation sheets and enter the total on Line 1.

Line 2: Enter the total of increases to cash under \$100.

Line 3: Enter the total interest received this period from Schedule H, Part II (b).

Line 4: Add Lines 1, 2 and 3 to determine the total miscellaneous increases to cash this period. Enter here and on the Summary Page, Line 15.